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**APPLICANTS**

Ryozo Nagai, Tokyo, JAPAN;  
 Takayuki Shindo, Tokyo, JAPAN;  
 Ichiro Manabe, Tokyo, JAPAN;  
 Koichi Shudo, Tokyo, JAPAN;  
 Hiroyuki Kagechika, Tokyo, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP03/05084 04/22/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/NANNETTE HOLLOWAY/ Examiner's Signature	Initials	JAPAN	1	12	5

**ADDRESS**

GREENBLUM & BERNSTEIN, P.L.C.  
 1950 ROLAND CLARKE PLACE  
 RESTON, VA 20191  
 UNITED STATES

**TITLE**

Medicament for therapeutic treatment of vascular disease

<b>FILING FEE RECEIVED</b> 1256	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit